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ABSTRACT

The objectives of this project were to (1) develop a criterion-referenced test of clinical performance capable of evaluating skill mastery, (2) establish congruent validity, (3) establish degree of inter-rater agreement, (4) determine whether performance expectations were the same for challenge exam applicants as for course-enrolled students, (5) develop a manual for applicants, and (6) develop a manual for evaluators. Forty-eight skills taught during the first nursing course were identified, and the critical requirements were refined. Eighteen of the critical requirements developed were put through a pilot test utilizing students from the first nursing course. Six students completing the course were rated simultaneously by the two test developers. Two students were rated in the nursing laboratory and four in the hospital. Comparison of the students' actual performance of each skill with the criterion established for successful completion of each skill indicated that the students were able to meet the expected performance criteria in 50 percent of the skills performed. Analysis of the data indicated a high percentage of rater agreement when observation of skills was made simultaneously and independently by two persons. (The critical requirements for basic nursing skills are appended.) (LRA)

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FINAL REPORT

OF

DEVELOPMENT OF A CLINICAL

PERFORMANCE EVALUATION TOOL

1978-79

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ABSTRACT

PROJECT TITLE Development of a Clinical Performance Evaluation Tool

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DESCRIPTION OF PROJECT

Use this sheet and no more than one other to type in single-spaced form a statement of project objectives, procedures that were followed, state and local priorities emphasized and the contribution of the project to vocational education.

The objectives of this project were to: 1) develop a criterion-referenced test of clinical performance capable of evaluating skill mastery; 2) establish content validity; 3) establish degree of inter-rater agreement; 4) determine whether performance expectations were the same for challenge exam applicants as for students enrolled in course; 5) develop a manual for applicants and 6) develop a manual for evaluators.

Skills taught during the first nursing course were identified, and the critical requirements (behaviors essential to successful completion of each skill) were refined. The Critical Requirements developed were put through a pilot test of an experimental population utilizing students from the Nursing 101 class. Six students completing the first nursing course were rated simultaneously by the two test developers. Two students were rated in the nursing laboratory and four in the hospital. Data obtained were compared for rater agreement. Students' performance was also compared with his/her clinical performance grade in the first nursing course.

The priority emphasized in this project was the improvement of the curriculum management of materials in vocational education on the local level. This category included individualized and competency-based instructional programs and alternative delivery systems. A challenge examination which is competency-based not only allows for individualization of the curriculum, but provides an alternative method of receiving course credit through recognition of non-traditional learning.

There are three contributions which this project makes to vocational education. The first is to provide a way of evaluating the basic nursing skills of those students, accepted into the nursing program, who desire advanced placement. The second is as a model for other nursing programs desirous of developing their own challenge exams. The third is that the observations made during the clinical testing of the Critical Requirements may lead to curriculum revision in the existing program.

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INTRODUCTION

The Problem

In the past few years, there has been an increase in the number of students entering the nursing program at Gloucester County College with some related work and/or educational experience. Approximately 30% of the incoming freshman class each year are either nurses aides who have had more than two years work experience, or licensed practical nurses. A number of hospitals in the area are using "primary nursing" which requires the use of a considerably larger proportion of registered nurses. For this reason, the number of licensed practical nurses seeking admission into registered nurse preparation programs may be expected to increase. Many licensed practical nurses are being encouraged to return to school, rather than lose their employability. In addition, there are also students who have completed courses in other institutions which have similar content to Nursing 101. However, as those institutions are not recognized institutions of higher education, credit cannot be granted for the students previous learning. Many of these students have asked about the possibility of receiving credit for their previous learning. Proficiency or challenge exams have been satisfactorily used in many institutions to allow such students to receive credit for knowledge gained elsewhere. Challenge examinations are currently being used in other academic disciplines at Gloucester County College for any student who wishes to take them. The nursing faculty has, for some time, supported the idea of developing a challenge examination for selected courses within the nursing curriculum.

Nursing, as an applied science, varies from other educational

disciplines in that students must demonstrate both understanding of the theoretical basis for nursing practice, and competence in the performance of nursing skills. In each course in nursing, students are evaluated in both a theory component and a clinical performance component. A challenge examination, to evaluate accurately the students ability to meet the course objectives, would have to include evaluation criteria fcr both theory and clinical performance.

The nursing faculty at Gloucester County College had recommended in January 1976 that a challenge examination be developed for Nursing 101 the first (fundamental) level nursing course. At that time, the method of evaluating the theoretical content of the course was established. Recommendations for evaluating the applicant's clinical skills were also made, but further research uncovered weaknesses for evaluating an applicant's clinical performance. This project has focused on the development of the criteria for evaluating clinical performance for use as a part of the challenge examination in Nursing 101.

Objectives

The following objectives were identified for this project:

1) to develop a criterion-referenced test of clinical performance that is cabable of evaluating skill mastery.

2) to establish content validity of the critical requirements for performance evaluation.

3) to establish reliability between raters using the same critical requirements for performance evaluation.

4) to determine if students taking the clinical performance examinations are being evaluated with the same performance expectations as those enrolled in the course.

5) to develop an applicant's manual for the challenge examination.

6) to develop an evaluator's manual for the challenge examination.

Definition of Terms Used

Applicant - any person who has been admitted to the nursing program and who on the basis of prior relevant work experience has permission to challenge Nursing 101.

Challenge Examination - a test conducted for the purpose of evaluating an applicant's theoretical knowledge and clinical competencies in order to determine if the applicant is to receive credit for Nursing 101.

Clinical Performance Examination - that part of the challenging examination which is conducted in the hospital. The applicant's clinical skills are evaluated while he or she cares for a hospitalized patient.

Laboratory Performance Examination - that part of the challenge examination which is conducted in the nursing laboratory.

critical behaviors - the individual behaviors which are observed to evaluate a skill e.g. see Appendix A.

Critical Requirements - the document which itemizes all the skills to be evaluated during the performance part of a challenge examination.

Pilot Test - the application of the challenge examination on individuals of an experimental population for the purpose of collecting data to evaluate the challenge examination.

Rater - a person who acts as an evaluator during a pilot test.

Skills - procedures and tasks which are learned in order to care for hospitalized persons; implies technical proficiency.

Related Research

Challenge Examinations. The use of challenge or proficiency examinations for course credit and/or advanced placement in institutions of higher education is widespread, and has been well documented in the literature (Palmer and Brown, 1974; Burnside, 1969; McCluhan, Audrey and True, 1974; Schmidt and Lyons, 1969, Resnick, 1977). Few educators

question the use of such exams in either general education or nursing education, providing that adequate validity is established. In nursing education, both theoretical knowledge and practical application are evaluated throughout the curriculum in each nursing course. Hence, both knowledge of theory and application should be evaluated in a challenge examination. Dunn (1970), in a study of registered nurses' performance of five selected skills, found that "no relationship was observed between nursing performance and Nursing Principles Test scores. This nurses who scored high on the test did not necessarily demonstrate this knowledge in the observed performance of the nursing procedure" (p. 508). Dubes (1975) studied registered nurses six months after graduation from a diploma school of nursing. She found that the "students' nursing practice grades were the best predictors of the graduates' performance as registered nurses" (p. 62). She also found little relationship between the students' grades in nursing theory and their observed nursing performance as registered nurses (p. 62). Both these studies show the necessity of evaluating separately knowledge and performance, because success in one is not a predictor of success in the other. Wozniak (1973) and Lenburg (1976) also support these findings in developing the New York State Regents External Degree Program in Nursing.

Palmer and Brown (1974) and McCluhan, Audrey and True (1974) discuss the use of challenge examinations in the nursing courses in their respective institutions. Both studies support the necessity of using written and performance tests. The studies also suggest that the students who successfully pass the challenge exams are adequately prepared for subsequent courses.

Criterion-Referenced Tests. Criterion-referenced tests are those which use content rather than the scores of other test takers as the reference point (Anastasi, 1976). An individual's performance of specified skills would be compared with an external set of standards, expected competencies or objectives. Criterion-referenced tests are often used when testing for mastery, and are most often scored on a "yes-no" scale. They are best used in assessing basic skills (Anastasi, 1976). Criterion-referenced tests see, to be the most applicable tests to use when evaluating clinical performance (Krumme, 1975). Hence, they are particularly well-suited to use in a challenge examination for measuring mastery of basic nursing skills.

Criterion-referenced clinical performance examinations have been developed to assess overall competence of students at the completion of an entire nursing program (Lenburg, 1976), and for use in evaluating the job performance of registered nurses (Haar and Hicks, 1976). However, since each individual nursing course has its own set of objectives and expected competencies, and since actual clinical performance will vary from program to program at any given point in time, criterion-referenced challenge examinations must be developed independently.

BODY OF REPORT

Procedures

Critical Requirements and Performance Criteria. Critical requirements for about fifty basic nursing skills were submitted to the nursing faculty at Gloucester County College for their critical consideration. Faculty were asked to confirm that students should be expected to perform the skills identified at the completion of Nursing 101. Table 1 lists forty-eight skills that were accepted by the faculty. Appendix A gives a breakdown of the critical behaviors that were accepted as valid for evaluating each of the forty-eight skills.

The following principles were formulated to guide the development of the Clinical Performance Evaluation Tool.

1) Performance will be evaluated in both the laboratory and clinical area.

2) Critical behaviors for each skill will be rated on a two point scale: S-performed, and U-not performed.

3) A determination of Pass or Fail for a particular skill will be based on the distribution of S's and U's for the critical behaviors that comprise the skill. Initially for the purpose of carrying out a pilot test, a skill will be considered as Pass only if all behaviors are S

4) Applicants will be evaluated on application of the principles of asepsis in both the laboratory and the clinical performance exam.

5) Applicants showing lack of respect for the individual at any time during the exam will not be permitted to complete the exam.

6) Applicants must promote and maintain the physical and emotional well-being of the patient during the clinical performance exam, or he/she will not be permitted to complete the exam.

Table 1

Forty-eight Skills Accepted by Faculty as Being Valid and Relevant for Evaluating Clinical Performance

1. Changing Sterile Dressings
2. Oral Administration
3. Sub-cutaneous Administration
4. Intramuscular Administration
5. Intravenous Administration
6. Temperature
7. Pulse
8. Respiration
9. Blood Pressure
10. Medical Asepsis
11. Handwashing
12. Surgical Asepsis
13. Bandaging
14. Bedmaking (occupied)
15. Bedmaking (post-operative)
16. Bedmaking (unoccupied)
17. Body Mechanics
18. Cast Care
19. Catheterization
20. Charting
21. Continuous Bladder Irrigation
22. Assisting with Diagnostic Procedures
23. Enema/Colostomy Irrigation
24. Feeding a Patient-Nasogastric Tube
25. Feeding a Patient-Orally
26. Application of Heat and Cold
27. General Hygiene Care
28. Instillations/Irrigations
29. Maintaining Intravenous Therapy
30. Isolation-General
31. Techniques for Gowning, Masking and Gloving
32. Mouth Care
33. Nasopharyngeal Suctioning
34. Observation Skills
35. Oxygen Therapy
36. Post-Operative Care
37. Range of Joint Motion
38. Shaving
39. Routine Urinalysis
40. Clean Catch Urine
41. Catheterized Specimen
42. 24-hour Urine
43. Stool Specimen
44. Nose, Throat, Wound and Anal Culture
45. Sputum Specimens
46. Therapeutic Interpersonal Relationship
47. Traction
48. Transportation

7) Applicants will be asked to complete a written patient care study, as part of the clinical performance exam to demonstrate their ability to use the nursing process.

Since the faculty agreed to the above principles they were used to establish criteria for the clinical performance exam.

Reliability of the Critical Requirements. In order to determine whether the Critical Requirements could be used to accurately evaluate performance, a pilot test was conducted during the last two weeks of the semester in which Nursing 101 was given (Lenburg, 1976). Critical behaviors were used to evaluate skills both in the laboratory and in the hospital.

Procedures Used to Carry Out the Pilot Test. To serve as an experimental population for the pilot test, individuals were randomly chosen from students of the Nursing 101 class whose clinical performance was satisfactory and who had no prior nursing experience and who agreed to participate in the pilot test. Because the pilot test was conducted during the last two weeks of the semester, no more than six students could be tested. Of the six, two were observed in the laboratory and four in the hospital. It was made clear to all students that neither paricipation nor their performance in the test would affect their course grade.

The two test developers acted as raters during the pilot test conducted in the laboratory and hospital area.

Nine skills were selected to be evaluated in the simulated laboratory exam (Table 2). Medication skills and surgical dressings were selected for the laboratory because there was no guarantee that these skills could be tested in the hospital clinical performance exam. The other four

skills were selected to be tested in the lab because of the limited time allotted for the hospital clinical performance exam.

Table 2

Skills Selected for Evaluation in the Nursing Laboratory

1. Temperature
2. Pulse
3. Respiration
4. Blood Pressure
5. Oral Medication
6. Intramuscular Injection
7. Subcutaneous Injection
8. Intravenous Medication
9. Surgical Dressings

Findings

The nursing faculty was able to reach agreement on the acceptability of forty-eight skills for relevant evaluation of clinical performance skills (Table 1). Agreement was also reached on a itemization of critical behaviors that could be used to reliably and reproducibility evaluate a clinical performance skill (Appendix A).

The data collected during the pilot test was inspected and found the raters to be consistent in their determination of satisfactory or unsatisfactory performance of each skill. Each student's performance was then compared with his/her final clinical performance grade in Nursing 101 and is discussed below.

Laboratory Exam Data. Two students were tested on the same nine skills (Table 2) in the laboratory exam, for a total of eighteen duplicate ratings. Data was lost for four of the duplicate ratings. The evaluation of skills derived by each rater's independent rating of critical behaviors were such that in 13 of the 14 skills evaluated, both raters agreed on the student's performance of the skill.

Comparison of the student's actual performance of each skill with the criterion established for successful completion of each skill indicated that the students were able to meet the expected performance criteria in 50% of the skills performed. In contrast to this, both students received satisfactory clinical performance grades in Nursing 101. This is discussed below.

Clinical Exam Data. It was not possible to observe all four students performing identical skills in the hospital. Table 3 lists the skills that were observed by both raters and the number of

Table 3

Eighteen Skills Rated During Pilot Test and the Number of Students Duplicately* Rated for Each Skill

SKILLS	NUMBER OF STUDENTS
Charting	4
Hygiene - General	4
Maintaining IV Therapy	4
Bedmaking - Unoccupied	3
Temperature	2
Pulse	2
Blood Pressure	2
Bedmaking - Occupied	2
Interpersonal Relations	2
Body Mechanics	2
Urine Analysis (Catheter Specimen)	2
Feeding - Oral	1
Mouth Care	1
Transportation	1
Shaving	1
Range of Motion	1
Asepsis - Medical	1
Observation	1

*A student demonstrating a skill in the pilot test was always simultaneously observed and rated by two independent raters.

students performing the skill. A total of 36 skill evaluations were rated by both persons. In 34 of the skill evaluations, both raters agreed on the performance of the skill.

Comparison of each student's performance with the criteria established for the successful completion of the clinical performance exam, indicated that the students almost never successfully executed every critical behavior for a skill. Indeed, only one skill was performed with such absolute success. In contrast, all the students received a satisfactory clinical performance grade in Nursing 101.

This finding suggests that a skill might be appropriately evaluated as Pass even when not every critical behavior of a skill is successfully executed. The pilot test data warrants additional study to see how such refinements of the skill evaluation can be based on a mixture of S's and U's for individual critical behaviors.

Interpretation of Findings

Analysis of the data indicates a high percentage of agreement when observation of skills is made simultaneously and independently by two persons. Since both persons were familiar with the critical behaviors, and were experienced in evaluating students in their performance of clinical skills, agreement was anticipated. This is an important indicator of reliability.

Careful review of the critical requirements on which disagreement occurred was carried out, to determine a possible explanation. It is possible that some of the critical requirements were not stated as completely objective behaviors, and therefore required some interpretation on the part of the rater based on his/her own experience and values. Stating the critical requirements as measureable behaviors

would eliminate the need for interpreting the meaning of vague words such as "adequately" and "as necessary". This would also insure that when the Critical Requirements were used by different persons, the individual behaviors would be evaluated consistently.

The inability of the students to perform many skills with 100% accuracy of the individual behaviors was perplexing to the authors. Since each student observed received a satisfactory clinical performance grade for Nursing 101 and Gloucester County College students in general score above the norm on statewide exams, the assumption can be made that the students' clinical performance was not unsatisfactory. It is possible that over the period of a semester a student's performance may be judged satisfactorily, even though they do not correctly display every individual behavior of a skill each time it is performed. It is also possible that the performance criteria were higher than what could realistically be expected of a student completing Nursing 101. However, the skills which were observed were basic nursing skills, which, in the opinion of the authors, students completing a fundamental nursing course ought to be able to perform. In addition, the literature sources for the critical requirements were the texts used by the Nursing 101 students. A third possible explanation for the students' non-performance of some individual behaviors could be the pressures of the testing situation itself. The authors anticipated that the students would experience some anxiety being observed by two unfamiliar persons. An attempt was made to allay some of the anxiety by assuring the students that their performance ratings would not influence their course grades, nor would the ratings

be shared with their clinical instructor. Had time permitted, a second observation period may have produced different results--more consistent with the expectation of 100% accuracy in clinical performance. An equally important factor was that the students were not familiar with the exact critical requirements with which their performance was being evaluated. Had the students been familiar with the critical requirements, a higher success rate may have been seen, since in several skills only one critical requirement had been omitted.

Dissemination

Copies of the Final Report, and the Critical Requirements for the performance exam will be made available to those persons who desire them. The usefulness of the Critical Requirements, and the manuals which were written to accompany them, may be limited to those nursing programs whose nursing fundamentals course objectives are similar to those at Gloucester County College. However, for those persons contemplating the development of a similar tool, the material which has been developed at Gloucester County College could prove to be a valuable resource.

Sex Bias and Sex Role Sterotyping

The questions of sex bias and sex role sterotyping in nursing is the reverse of what one commonly thinks in relation to this topic--namely including and referring to men as well as women. In all instances when referring to students, male and female references have been made. Since the majority of students seeking admission to the nursing program are women, the college actively seeks to encourage men who are interested to enter the program. The use of the

challenge exam, and the possibility of lightening the course load for one semester, may encourage more "bread-winners", male and female, to seek admission to the program.

SUMMARY

Conclusions

It is the opinion of the authors that a criterion-referenced test of clinical performance has been developed. The critical behaviors were determined for a set of skills which are taught during Nursing 101. Use of the completed Critical Requirements when observing six students in with the laboratory or the hospital environment indicated that the critical behaviors were effective in discriminating between mastery and non-mastery of skills.

Content validity, as judged by experts, is the most appropriate method of establishing the validity of criterion-referenced tests. The skills selected for inclusion were determined by the course content and objectives. The specific criteria used in the critical requirements were identified from current nursing literature and experiential knowledge of the test developers. The expert judges were the Nursing Faculty at Gloucester County College. It is the opinion of the authors that content validity was established.

Reliability between raters using the critical behaviors was confirmed during the pilot test with six students. Evaluation of the data collected indicated that agreement for the rating of a critical behavior was better than 94%. It was not possible to pretest the Critical Requirements again, as no students will be completing Nursing 101 until October.

The performance expectations for the applicants' taking the clinical performance examinations were derived from the course objectives. The authors established the accuracy level at 100%. The rationale for this high accuracy level was that each applicant was

being evaluated only once, and should be able to perform the desired skills. The discrepancy noted between the students performance of individual skills, and their final clinical grade seems to indicate that the criteria for clinical evaluation may be different from the criteria identified for the challenge examination.

Manuals for both the applicants and the evaluators were developed. Both include all the necessary information for the entire Challenge Examination (theoretical and performance components).

As of the writing of this report, the Challenge Examination has been administered to five students, by persons other than the authors. Of the three students who were eligible to take the performance examinations, one student failed the laboratory exam. The other two students successfully completed all parts of the performance examination. Additional data is not available. Plans are being made to administer the Challenge Examination to eleven students admitted to the nursing program for the fall semester.

Recommendations

The revised criteria for the Critical Requirements should be subjected to a pilot test on the next group of students completing Nursing 101. It is recommended that this be done following the completion of the course, and prior to the beginning of Nursing 103. It is also recommended that the pilot test be carried out using the actual format of the challenge examination.

There needs to be follow-up of the students who have successfully challenged Nursing 101. It is important to know whether their clinical performance was comparable to that of the students who had completed Nursing 101 in the traditional manner.

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APPENDIX A

CRITICAL REQUIREMENTS FOR BASIC NURSING SKILLS

LABORATORY EXAMINATION: Behaviors for Evaluating Skills in Changing Sterile Dressings

1. Assembles necessary equipment.

2. Prepares adhesive for securing dressing.

3. Washes hands.

4. Prepares antiseptic solution for cleaning.

5. Opens packages of sterile dressings.

6. Removes soiled dressings, using a hand covering, into appropriate container.

7. Puts on sterile gloves, or uses sterile forceps.

8. Cleans area around wound using a circular motion away from the wound.

9. Applies dry sterile dressing and secures it.

10. Removes gloves.

LABORATORY EXAMINATION: Behaviors for Evaluating Skills in Drug Administration

General Behaviors for drug administration: For all drug orders, regardless of route, the student must demonstrate the following behaviors:

1. Interprets medication orders accurately.
   a. route of administration.
   b. dosage of drugs.
   c. action of drug.
2. Selects correct drug.
3. Calculates correct amount of drug to be given.
4. Reads label three times when preparing medications:
   a. when selecting drug.
   b. when preparing drug.
   c. when returning drug to drawer/shelf.
5. Identifies patient by checking ID band and asking patients name.
6. Gives drug to patient via correct route.
7. Evaluates effects of drug at appropriate time.
8. Reports therapeutic and adverse effects.
9. Records drug given in accordance with institutional procedures.
10. Gives medication within ½ hour of the time ordered.

ORAL DRUG ADMINISTRATION

In addition to general behaviors for drug administration, the student will demonstrate the following when preparing and giving oral medications:

1. Transfers tablets or capsules from original container to medicine cup oe patient without touching drug with fingers.

2. Pours liquid away from label.

3. Measures liquid and/or powdered drugs accurately.

4. Mixes liquid and/or powdered drugs with an appropriate amount of an appropriate fluid.

5. Offers an appropriate liquid with tablets or capsules.

6. Observes patient to be sure medications is swallowed.

PARENTERAL (Subcutaneous, Intramuscular)

In addition to general behaviors for drug administration, the students will demonstrate the following when preparing and giving parenteral medications:

1. Selects the correct size syringe and needle.

2. Prepares syringe and need for use without contaminating tip of syringe or needle.

3. Prepares vial or ampule for use:
   a. cleanses rubber diaparagm of vial.
   b. opens ampule by breaking away from body, using gauze to protect fingers, and without getting glass in medication.

4. Inserts needle into vial or ampule without touching edges of ampule or vial.

5. Injects correct amount of air into vial.

PARENTERAL (Continued)

6. Withdraws correct amount of drug from vial or ampule, without air bubbles.

7. Replaces needle protector on needle.

8. Selects appropriate injection site and positions patient for optimum comfort and observation of site.
   a. palpates landmarks
   b. palpates sites

9. Cleanses skin with alcohol sponge.

10. Stretches skin or pinches skin depending on size of patient and type of injection.

11. Inserts needle at correct angle for type of injection and/or medication.
   a. 90^{o} angle for IM, SC with insulin, heparin.
   b. 45^{o} angle for SC

12. Pulls back plunger slightly and checks for presence of blood.

13. If no blood - injects medication slowly.

14. Removes needle quickly.

15. Massages area if appropriate for that medication.

16. Repositions patient in a comfortable position.

17. Disposes of needle and syringe in accordance with institutional procedures.

INTRAVENOUS

In addition to general behaviors for drug administration, the student will demonstrate the following when preparing and administrating intravenous medications.

1. Consults physicians order sheet.

2. Assembles necessary supplies.
   a. correct solution.
   b. tubing and buretrol if used.
   c. needles and syringe.
   d. drug.

3. Connect tubing to IV solution bag (bottle) without contaminating either.

4. Connects needle to end of tubing without contaminating either.

5. Runs fluid through tubing and needle.

6. Prepares drug to be added using needle and syringe. (Parenteral 1-6 above).

7. Injects medication directly into bag or bottle, or adds correct amount of fluid to buretrol and injects medication into buretrol.

8. Labels buretrol, bag or bottle with medication added, time and date.

9. Hangs IV medication at beside.

10. Attaches needle to IV line already in place without contaminating it.

11. Calculates drip rate.

12. Regulates IV rate.

NOTE: See Lippincott Manual, 2nd Edition, pp. 113-115.

SUBJECT: Handwashing

Critical Requirements

1. Identifies situations requiring the need for handwashing.

2. Washes sufficient amount of time:

   a. ½ minute for normal situations

   b. 2 minutes for gross contamination

3. Cleans under nails.

4. Determines whether faucets are considered clean or contaminated.

   a. <u>opens</u> clean faucets with a dry paper towel.

   b. <u>closes</u> contaminated faucets with a dry paper towel.

5. Holds hands and forearms lower than the elbows during washing.

SUBJECT: Medical Asepsis[1]

Critical Requirements

1. Washes hands before giving care to the patient.
2. Washes hands after giving care or handling equipment.
3. Uses patient's individual equipment.
4. Disposes of soiled articles in appropriate containers.
5. Keeps soiled materials and equipment from touching uniform.
6. Cleanses or disinfects from area of least contamination to area of greater contamination.
7. Avoids shaking linens.
8. Dies not place soiled linens and equipment on floor.
9. Pours liquids into drains and containers without splashing.
10. Transfers sterile equipment correctly.
11. Instructs patient in Medical Asepsis.
12. Provides wash cloth for patient before meals and following use of bedpan.

[1] Required at all times.

LABORATORY EXAMINATION: Behaviors for Evaluating Skills in Taking Vital Signs

A. Temperature

1. Prepares thermometer for use
   a. cleanses
   b. shakes mercury below 95°F (35°C)
   c. lubricates for rectal temperature
2. Places thermometer at proper location
   a. oral - under anterolateral aspect of tongue.
   b. rectal - 1½" (3-4 cm) in rectum.
   c. axillary - center of dry axilla.
3. Keeps thermometer in place for appropriate amount of time.
   a. oral - 3-5 minutes
   b. rectal - 3-5 minutes
   c. axillary - 10 minutes
4. Reads thermometer at eye level.
5. Reads thermometer within ±0.2°F (±0.1°C)
6. Records temperature correctly on graphic chart.
7. Reports any significant changes in temperature.

B. Pulse

1. Locates pulse
   a. uses fingers to palpate radial artery.
   b. uses stethoscope to locate apical pulse at loudest point.
2. Counts pulse within ±5 beats/minute for 60 seconds.
3. Recognizes and reports significant changes in pulse.
4. Records correctly on graphic chart.

VITAL SIGNS (Continued)

C. Respirations

1. Does not make it obvious respirations are being counted.

2. Counts within ±2 breaths/minute for 60 seconds.

3. Recognizes and reports any significant changes.

4. Records correctly on graphic chart.

D. Blood Pressure

1. Selects equipment which is in working condition, and positions sphygomanometer appropriately for type and situation.

2. Positions patient with left and right arm in an easily accessable position with forearm at heart level.

3. Wraps cuff smoothly and securely around upper arm, with rubber bladder centered over artery, and lower edge 1" (2.5 cm.) above antecubital space.

4. Determines how much to inflate cuff by:

   a. palpation

   b. inflating cuff to 10 mm Hg above usual systolic pressure.

5. Palpates brachal artery, and places stethoscope over artery.

6. Inflates cuff 30 mm Hg above the point at which the radial pulse disappears or 4 b above.

7. Deflates cuff 2-3 mm Hg 1 beat.

8. Reads systolic and diastolic pressures within ±4 mm Hg, with meniscus of mercury at eye level.

9. Records on graphic sheet.

Bandaging

Critical Requirements

1. Obtains supplies.

2. Explains procedure to patient.

3. Washes area to be wrapped if area is soiled.

4. Holds roll of bandage in hands so that it unwinds from the top.

5. Uses appropriate technique for body part:
   a. circular for limb
   b. figure 8 for elbow, knee, ankle, or wrist
   c. spiral for ace bandage
   d. spiral reverse for extremity
   e. recurrent for tip end of finger, toe, or stump.

7. Secures terminal end of bandage.

8. Reports and records.

Bedmaking (Occupied)

Critical Requirements

1. Assembles linens and arranges in convenient order.

2. Provides privacy.

3. Practices good body mechanics when turning and moving patient and when making bed.

4. Provides comfort:

   a. tight, smooth foundation bed
   b. covers mattress adequately
   c. top linen will cover shoulders
   d. provides for free movement of feet
   e. positions patient
   f. additional blankets
   g. asethetic measures

5. Applies safety measures:

   a. nurse's call cord within easy reach
   b. bedside table within easy reach
   c. side rails raised when necessary
   d. leaves bed in low position

Bedmaking (Post-Operative)

Critical Requirements

1. Assembles linen and arranges in convenient order.

2. Prepares the foundation of the bed as in making an unoccupied bed.

3. Makes the top of the bed as in making an unoccupied bed except covers are not tucked under the mattress at the foot of the bed.

4. Folds the covers back toward the head of the bed to make a cuff that is even with the edge of the mattress at the foot of the bed.

5. Fan-folds top covers to the side of the bed on the opposite side of stretcher approach.

6. Places pillow either on a chair near the bed or in an upright position at the head of the bed.

7. Removes linens and other items not needed for the post-operative care of the patient.

8. Provides IV pole at bedside.

Bedmaking (Unoccupied)

Critical Requirements

1. Assembles linen and arranges in convenient order.

2. Practices good body mechanics when making bed.

3. Positions mattress.

4. Foundation bed:
   a. tight and free of wrinkles
   b. mattress well covered
   c. corners neat

5. Top covers:
   a. centered
   b. neat and smooth
   c. corners neat

6. Pillows:
   a. fit neatly into corners of pillow case
   b. positioned

7. Applies safety measures:
   a. nurse's call cord within easy reach
   b. bed wheels locked
   c. hi-lo bed left in low position
   d. bed side stand within easy reach

Body Mechanics

Critical Requirements

1. Demonstrates knowledge of proper positioning.

2. Selects substitutes if regular equipment is not available.

3. Gives explanation to patient before beginning.

4. Enlists patient's assistance and provides explanation (teaching) throughout.

5. Supports joints with palms of hands when handling extremities.

6. Keeps patients or objects close to the body when lifting or moving.

7. Bends knees and keeps back upright when lifting patients or objects.

8. Pulls or pushes patients or objects rather than lifting when possible.

Cast Care

Critical Requirements

1. Explains procedure to patient and/or family.

2. Allows cast to dry with minimal handling.

3. Prevents or reduces swelling

   a. elevates extremity in cast

   b. encourages elevation of cast when patient is seated if he is ambulatory

4. Prevents irritation at cast edge.

5. Examines toes or fingers for:

   a. blanching or cyanosis

   b. swelling

   c. inability to move

   d. numbness, tingling, burning, cold

6. Reports and records observations.

Catheterization

Critical Requirements

1. Identifies need for catheterization.

2. Checks written medical order.

3. Assembles equipment.

4. Explains procedure to patient.

5. Observes surgical asepsis* in preparing equipment and carrying our procedures.

6. Positions and drapes patient.

7. Inserts catheter using aseptic technique.

8. Attaches indwelling catheter to drainage bag, as necessary.

9. Removes catheter gently.

10. Disposes specimen as ordered.

11. Observes, records and reports results and patients response to the procedure.

*For this and all other references to surgical asepsis, see Critical Requirements for Surgical Asepsis (p. 42).

Charting

Critical Requirements

1. Writes legibly.

2. Uses appropriate colored ink.

3. Uses correct English - spelling, grammar, punctuation, correct word usuage.

4. Uses only standard acceptable abbreviations.

5. Charts time and date.

6. Charts pertinent observations in concise and factual statements.

7. Charts in appropriate area in manner specified by institution.

8. Does not leave blank spaces.

9. Signs full name and title.

Continuous Bladder Irrigation (CBI)

Critical Requirements

1. Explains procedure to patient.

2. Observes medical and/or surgical asepsis.

3. Assembles equipment and irrigating solution as ordered.

4. Maintains closed systen with triple lumen catheter.

5. Prevents introduction of organisms:
   a. keeps catheter sterile when introducing it into an aseptically prepared urinary meatus.
   b. avoids separating connecting tubes and catheter.
   c. uses distal emptying valve to empty collection device.

6. Allows irrigating solution to run in rapidly if drainage is bright red and/or contains clots.

7. Allows irrigating solution to run at rate of 40-60 drops/minute if drainage is clear.

8. Records amount of irrigating solution used accurately and determines accurate record of urinary output.

9. Observes and reports results and patients response to treatment.

Assisting with Diagnostic Procedures

Critical Requirements

1. Assesses patient's understanding of procedure.

2. Prepares patient for procedures:
   a. answers questions
   b. give explanations

3. Gathers all necessary equipment.

4. Assists in setting up equipment and making it ready for use, as necessary.

5. Positions and drapes patient for test being performed.

6. Observes and interacts with patient during procedure.

7. Makes sure specimen's if collected, are accurately labeled.

8. Makes patient comfortable following procedure.

9. Reports and records patient's response to procedures.

Enema/Colostomy Irrigation

Critical Requirements

1. Checks chart for type of enema to be given.

2. Identifies patient by ID band and/or asking patient to state his name.

3. Explains procedure to patient.

4. Assembles equipment.

5. Determines correct temperature of solution.

6. Removes air from tubing and lubricates tip.

7. Positions patient for enema or colostomy irrigation or assists patient to BR for colostomy irrigation.

8. Inserts tips about 4 inches into rectum for enema or 6-8 inches into stoma for colostomy irrigation.

9. Regulates flow of solution to maintain patient comfort.

10. Provides appropriate recepticle for expulsion for solution and feces.

11. Leaves the patient in proper position.

12. Records and reports results and patient's response to procedure.

Feeding a Patient - Nasogastric Tube

1. Washes hands and prepares equipment.

2. Elevates head of bed.

3. Screens patient for privacy.

4. Aspirates stomach to ascertain if tube is in place or places the free end of the tube in water.

5. Pours 30 cc of water into funnel, syringe or burette.

6. Pours prescribed formula into equipment allowing for flow of gravity.

7. Follows feeding with 30 cc of water.

8. Clamps tubing with clamp.

9. Makes patient confortable.

10. Cares for equipment after use.

Feeding a Patient--Orally

Critical Requirements

1. Checks that tray and diet are correct.

2. Prepares patient by offering oral hygiene before beginning, and positions confortably.

3. Ascertains patient's choice of pace and sequential intake.

4. Encourages patient to assist when possible.

5. Remains with patient until meal is completed.

6. Leaves patient confortable.

7. Records and reports.

Application of Heat and Cold

1. Assembles necessary equipment.

2. Determines correct temperature.

3. Checks appliances for defects.

4. Uses appropriate cover for hot water bottle, ice caps, or collars.

5. Applies protective material to skin before positioning K-pad.

6. Maintains application in correct position.

7. Checks condition of skin for mottling or excessive flushing after application.

8. For heat lamps, position lamp 18-24 inches from skin.

9. Maintains heat/cold application for appropriate amount of time.

10. Records and reports results and patient's response to procedure.

General Hygienic Care

Critical Requirements

1. Screens patient and maintains a safe environment.

2. Assures oral hygiene for the patient, using toothbrush and paste, or other appropriate items.

3. Removes clothing and binders.

4. Keeps patient covered except for area being bathed.

5. Folds washcloth to eliminate dangling ends.

6. Bathes and dries one section of the body before moving to the next section.

7. Maintains water temperature.

8. Shaves male patient.

9. Massages body prominences (shoulders, elbows, hips, heels, sacrum).

10. Cares for hair and nails.

11. Completes peineal care.

12. Completes catheter care as necessary.

13. Reports and records observations.

Instillations/Irrigation

Critical Requirements

1. Prepares drug in accordance with Behaviors for Drug Administration. (See p. 2 - Laboratory Examination).

2. Gathers necessary equipment and maintains sterility where necessary.

3. Selects appropriate site.

4. Determines appropriate solution.

5. Instills solution using proper technique.

6. Provides appropriate recepticle for drainage of irrigating solution.

Interpersonal Relationships--Therapeutic

Critical Requirements

1. Attempts to select a quiet, private place to talk.

2. Approaches patient with an attitude of acceptance, tolerance, and genuine interest.

3. Uses purposeful, constructive communication with a goal in mind.

4. Gears communication to patient's age and mental capabilities.

5. Examines non-verbal communication - the patient's and her own.

6. Focuses the conversation on the patient.

7. Creates an environment in which the patient feels safe.

8. Avoids direct questions when possible,

9. Places events in a meaningful sequence.

10. Uses broad openings or general leads.

11. Avoids false reassurance.

12. Listens to the patient in an active, involved manner.

13. Uses silence when appropriate.

14. Identifies repeated themes in the patient's speech and behavior and topics the patient avoids.

15. Records and reports patient's emotional and mental status.

Maintaining Intravenous Therapy

Critical Requirements

1. Verifies type of solution being given and the amount to be given.

2. Maintains I.V. at prescribed rate of flow.

3. Maintains asepsis at needle site.

4. Checks equipment for proper functioning.

5. Observes for infiltration of I.V., pain, streaking of vein.

6. Records I.V., rate of flow and patients response to therapy.

Isolation - General

Critical Requirements

1. Discusses isolation with patient and visitors.

2. Uses gown, mask, gloves as necessary.

3. Knows extent of isolation necessary for patient's condition.

4. Maintains asepsis.

5. Provides diversional activities.

6. Gives reasons for principles utilized.

Isolation - Techniques for Gowning, Masking and Gloving

1. Puts on mask.
2. Washes hands for 30 seconds.
3. Puts on gown.
4. Ties neck tapes.
5. Draws edges of gown together and ties waist belt.
6. Puts on sterile gloves.
7. Removes mask.
8. Unties waist belt.
9. Washes hands for 30 seconds, unties neck ties.
10. Removes gown without touching the outside of the gown.
11. Washes hands.

Mouth Care

Critical Requirements

1. Identifies patient.

2. Identifies the need for mouth care.

3. Explains purposes of mouth care to patient.

4. Positions patient.

5. Cleanses mouth and teeth, using toothbrush and toothpaste, or other appropriate oral aids.

6. Leaves patient comfortable.

7. Observes, records, reports condition of patients mouth before and after care.

Nasopharyngeal Suctioning

Critical Requirements

1. Recognizes need for suctioning.

2. Checks equipment to ensure proper functioning.

3. Explains procedure to patient.

4. Position patient
   a. semi-Fowler's if feasible
   b. head turned for ease in viewing oral cavity

5. Gently inserts catheter into right naris about 3-5 inches with suction off. If obstructed, removes and tries the left naris.

6. Slowly removes catheter using a rotating motion with suction on. Suctions no longer than 15 seconds at a time.

7. Rinses the catheter until solution runs clear into the suction bottle.

8. Suctions oral cavity using new catheter.

9. Leaves patient comfortable.

10. Reports and records results of procedure and patients response.

Observation Skills

Critical Requirements

1. Uses all senses to observe patient-sight, sound, touch, smell.

2. Observes in an objective manner rather than subjective manner.

3. Uses a systematic approach in observing a patient:

   a. physical state

      1. over-all appearance
      2. skin
      3. respiratory status
      4. circulatory status
      5. GI status
      6. sense organs
      7. limitations in mobility

   b. emotional state

   c. social state

4. Uses observations for planning, implementing, and evaluating care.

5. Reports and records in clear, concise, objective manner.

Oxygen Therapy

Critical Requirements

1. Interprets oxygen order accurately:
   a. method to be administered
   b. frequency
   c. rate of flow

2. Identifies patient.

3. Instructs patient regarding:
   a. best position for oxygen therapy
   b. safety precautions

4. Checks equipment for proper functioning.

5. Follows safety precautions:
   a. signs for no smoking
   b. remove articles which may cause spark or flame, if present.

6. Provides comfort measures as related to type of equipment used.

7. Reassures patient and family.

8. Observes patient's reaction to therapy.

9. Records and reports patient's response.

Post-Operative Care

Critical Requirements

1. Checks chart for physician's orders.

2. Checks patient's condition:
   a. vital signs
   b. condition of dressings
   c. general appearance of skin
   d. evidence of circulatory or respiratory interference

3. Position patient to facilitate a patent airway.

4. Reports immediately any unusual signs or symptoms:
   a. blood pressure below 100 or above pre-operative reading.
   b. rapid weak pulse.
   c. pallor or cyanosis.
   d. restlessness and apprehension.
   e. excessive thirst.

5. Checks and connects all drainage tubes and bottles.

6. Checks rate of flow and absorption of IV fluids.

7. Encourage deep breathing every hour.

8. Changes patient's position unless contraindicated.

9. Maintains proper body alignment.

10. Records and reports condition of patient.

Range of Joint Motion (ROM)

Critical Requirements

1. Assesses patient need for ROM.

2. Demonstrates knowledge of normal ROM for each joint.

3. Avoids forcing joint beyond point of pain.

4. Practices good body mechanics.

5. Develops schedule for ROM.

6. Observes, records, and reports patient's response.

Shaving

Critical Requirements

1. Prepares patient for shaving.

2. Assembles equipment.

3. Provides adequate lighting.

4. Provides privacy.

5. Softens hair with soap or shaving cream and water.

6. Holds skin taut.

7. Uses sharp blade shaving in the direction of hair growth.

8. Washes shaven area.

9. Leaves patient comfortable.

10. Records and reports patient's response as indicated.

Specimen Collection

Critical Requirements

Routine Urinalysis

1. Instructs patient.
2. Provides patient with a clean receptacle for voiding.
3. Labels urine specimen container with patient's name, room number, date and time.
4. Takes or sends specimen to lab within ½ hour with completed urinalysis slip.
5. Charts:
   a. accurate description of specimen.
   b. time and date specimen was collected.

Clean Catch Urine

1. Explains procedure to patient.
2. Drapes patient or instructs patient who will do own.
3. Cleanses external meatus with anteseptic solution.
   a. keeps labia separated after cleansing until specimen is collected.
   b. pulls back foreskin of uncircumsized male and returns foreskin after specimen collects.
4. Provides a sterile container for urine.
5. Maintains a sterility of container and lid.
6. Collects urine midstream.
7. Labels container with patient's name, room number, date and time.
8. Takes or sends specimen to laboratory within ½ hour with completed laboratory slip.
9. Charts:
   a. accurate description of specimen and method of obtaining.
   b. time and date specimen was collected.

Specimen Collection (Continued)

Catheterized Specimen

1. Explains procedure to patient.
2. Drapes patient.
3. Maintains sterile technique during procedure.
4. Clamps tubing to collect urine and uses syringe and sterile technique to obtain urine specimen from a closed drainage system.
5. Labels container with patient name, room number, date and time.
6. Takes or sends specimen to lab within ½ hour with completed laboratory slip.
7. Charts:
   a. accurate description of specimen and method of obtaining.
   b. time and date specimen was collected.

24-Hour Urine

1. Instructs patient regarding collecting all urine for a period of 24 hours.
2. Initiates 24 hour specimen collection at a specific time by having patient completely empty his bladder and discarding this specimen.
3. Determines whether specimen needs to be refrigerated or whether container needs a preservative.
4. Ends specimen collection at proper time, labels bottle with patient's name, room number, date and time of collection.
5. Maintains accurate output record if necessary.
6. Takes or sends to lab with completed laboratory slip.
7. Charts:
   a. accurate description of spec.
   b. time and date of spec. collected.

Specimen Collection (Continued)

Critical Requirements

Stool Specimen

1. Instructs patient.
2. Obtains specimen using medical aseptic technique.
3. Labels container with patients name, room number, date and time.
4. Takes or sends specimen to lab at proper temperature with completed laboratory slip.
5. Charts:
   a. accurate description of specimen
   b. date and time collected

Nose, Throat, Wound and Anal Culture

1. Instructs patient.
2. Obtains culture without contaminating the culture swab or tube.
3. Labels culture tube with patients' name, room number, date and time.
4. Takes or sends to lab immediately with completed laboratory slip.
5. Charts:
   a. culture obtained and location
   b. date and time collected.

Sputum Specimen

1. Provides proper receptacle.
2. Instructs patient:
   a. sputum from lungs - not salvia
   b. early morning specimen
   c. teaches patient how to maintain sterility if for culture
   d. medical asepsis
3. Uses aesthetic measures.
4. Initiates nursing measures to stimulate sputum production.
   a. forced fluids
   b. positioning
   c. deep breathing and coughing

Specimen Collection (Continued)

5. Obtains sputum specimen by mechanical suction under conditions of sterility. Uses sputum trap.

6. Labels container with patient's name, room number, date and time.

7. Takes or sends to lab immediately with completed lab slip.

8. Charts:

   a. accurate description of specimen and how obtained

   b. date and time

Surgical Asepsis

Critical Requirements

1. Explains procedure to patient.
2. Assembles all supplies and equipment needed before beginning sterile procedure.
3. Minimizes talk to prevent droplets of moisture from falling onto sterile field.
4. Keep sterile dressings and equipment on a sterile field.
5. Opens sterile packages away from body and avoids touching contaminated objects.
6. Touches only the outside of a sterile wrapper.
7. Does not reach with bare arms across sterile field.
8. Maintains sterility during procedure.
9. Disposes of soiled dressings or disposable equipment in closed waste container or washes and returns to CSR resuable items.
10. Reports and records condition of wound.

Traction

Critical Requirements

1. Explains to the patient (and his family) the purpose of traction.

2. Cares for patient maintaining:
   a. alignment of the injured part
   b. general body of alignment
   c. alignment of the traction appartus
   d. range of motion in as many joints as possible
   e. good skin care

3. Periodically inspects traction set-up:
   a. tapes and pulleys unobstructed, freely moveable, and in straight alignment
   b. knots secure
   c. clamps tightened securely
   d. weights hanging freely and securely fastened

4. Observes, records and reports patient's response.

Transportation

Critical Requirements

1. Identifies method of transportation to be used, based on patient's condition and activity allowed.

2. Prepares patient for getting out of bed.

3. Collects equipment and provides assistance.

4. Observes safety measures:
   a. wheels locked or blocked
   b. bed at height for transfer
   c. utilizes side rails and safety belt
   d. provides restraints in chair as needed.

5. Moves or helps patient to edge of bed.

6. Practices good body mechanics.

7. Provides comfort
   a. avoids exposure
   b. maintains body alignment
   c. additional blanket
   d. aesthetic measures

References for Critical Requirements

1. Brunner, and Suddarth, Textbook of Medical-Surgical Nursing, 3rd Edition, Philadelphia, J.B. Lippincott, 1975

2. Brunner, L. The Lippincott Manual of Nursing Practice. 2nd edition, J.B. Lippincott, 1977.

*3. Isolation Techniques for Use in Hospitals, U.S. Government Printing Office, Washington, D.C.

4. Loebl, et al. The Nurses Drug Handbook, Wiley, 1977.

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*6. Recommendations In Human Blood Pressure Determination by Sphygmomanometer. A.H.A., 1967.

*7. Underwood Hospital Procedure Manual

8. Wood.L.A., Nursing Skills for Allied Health Services, Volume 3, Philadelphia, W.B. Saunders, 1975

9. Wood and Rambo. Nursing Skills for Allied Health Services, 2nd Edition, Philadelphia, W.B. Saunders, 1977.

*On Reserve in Gloucester County College Library

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CRITERIA FOR EVALUATING MATERIALS

LANGUAGE

. The pronouns he and she or his and her are used whenever sex is unspecified (e.g., the student... he or she...).

. The antecedents used as general reference to occupations apply to both sexes and are not based on stereotypes (e.g., the housekeeper is a busy person. He or she is required to perform a number of tasks).

. When talking about a group of people which includes both sexes, efforts are made to choose words accordingly (e.g., business people--workers--congresspeople.).

. When a woman or man holds a non-traditional job, there is no unnecessary focus on the person's sex (e.g., the woman lawyer, the male nurse--are not preferred usage).

. When referring to males and females, parallel terms are used (e.g., "Dr. Jones and his secretary, Ellen"--unparallel. "Dr. John, a physician, and Ms. Ellen Smith, a secretary"--parallel).

. Adults are referred to as men and women thus eliminating the usage of such expressions as "girls in the secretarial pool" or "boys' night out."

. Men and women are described in equal terms. (e.g., "Senator Kennedy and Golda Meir, mother of two,"--should be expressed, "Edward Kennedy, a senator and father and Golda Meir, a former prime minister and mother ")

DOCUMENT IS IN COMPLIANCE	DOCUMENT IS NOT IN COMPLIANCE	PAGES TO BE REMEDIED

. Women are not unneccessarily presented as dependent on, or subordinate to men, (e.g., John took his wife out to dinner and let her select the wine).

. Material that is sex fair initially does not slip into the generic form later in the text. (e.g., the worker designed a system that he felt would solve the dilemma).

. Quotations, references and extra reading recommendations are authored by women as well as men providing references maintain pertinency.

. Substitute "person" for "man" unless the identity of the individual is known. In such cases, use "woman" or "man".

ROLES
OCCUPATIONAL/SOCIAL

. All occupations are presented as appropriate to qualified persons of either sex.

. Jobs are not stereotyped by sex. (e.g., nurses and secretaries can be male or female; plumbers and auto mechanics can be male or female)

. In two income families both incomes are depicted as contributing to the family's financial status.

. The manager, boss, or executive is not <u>always</u> depicted as male; nor is the assistant, secretary or typist <u>always</u> depicted as female.

. Women on the job are not automatically assigned additional duties such as making coffee in the morning and men as volunteering to change flat tires in the parking lot.

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. Tokenism is not apparent. (An occasional female plumber and minority electrician in a textbook where the greatest proportion of the material is sex stereotyped is an example of tokenism)

. Personality traits on the job are not sex related. (e.g., the brusque foreman, the female bookkeeper's loving attention to detail)

. The desire for upward mobility is not sex linked. (e.g., We never thought to ask her to train as an assistant manager. We thought she was satisified being a secretary.)

. In a family where husband and wife work, household chores are not stereotyped by sex. (e.g., males mow lawns and do repairs; females clean house and cook)

. In a family business situation, responsibilities are not relegated according to sex. (e.g., husbands make decisions and handle heavy work; wife attends to bookkeeping and secretarial functions)

. Language which is inappropriate in the presence of women is also inappropriate in the presence of men. If apologies are offered, they should be offered to the whole group and not only to the women.

. Personality traits such as:

passive	capable
inept	aggressive
vain	"take charge"
gossippy	brave
emotional	

are not portrayed as sex related.

DOCUMENT IS IN COMPLIANCE	DOCUMENT IS NOT IN COMPLIANCE	PAGES TO BE REMEDIED

AUDIO/VISUAL
MATERIALS

. Voices for narrations of audio visual materials are male and female unless not appropriate.

. Narrations for audio visual materials dealing with traditionally female occupations such as child care and traditionally male occupations such as welding are spoken with male and female voices.

. Illustrations are balanced with males, females and minorities unless not appropriate.

. Efforts are made in illustrations to portray males and females in non-traditional roles.

. Illustrations and photos do not perpetuate typical stereotypes. (e.g., women caring for home and children; husbands earn income)

. Photos and illustrations do not depict women as consistently shorter, smaller and overshadowed by male figures.

. Colors of clothing are not consistently stereotyped. (e.g., pastel colors for women; bold colors for men)